

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update</p>	F 157	<p>F 157 Notify of changes</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention.</p> <p>Residents affected: Resident #6 skin was immediately assessed. No new skin issues were identified. MD/NP notified and updated on residents current skin condition.</p> <p>Residents potentially affected: Residents of the facility have the potential to be affected by this cited practice. A skin assessment was completed on all residents per DON/Designee, Unit Managers. Licensed staff was in-service or MD/NP notification.</p> <p>Systemic measures: The SDC/designee to in-service licensed staff on notification of MD/NP. The DON/designee will review residents with new skin issues throughout the week in the clinical meeting and in the weekly at risk meeting to confirm notification of MD/NP. The SDC/designee will in-service with written competency licensed staff identified during clinical and at risk meeting reviews who failed to notify</p>	5-27-11 MDA	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Michael Ward

Administrator

5-18-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: #45393		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2011	
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 23 SECOND STREET MONTEAGLE, TN 37353			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
F 157	Continued From page 1 the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to notify the physician timely of pressure areas for one resident (#6) of twenty-seven residents reviewed. The findings included: Resident #6 was admitted to the facility on January 11, 2011, with diagnoses including Arthritis, Dementia, and Alzheimer's Disease. Medical record review of the admission pressure ulcer assessment (Braden Scale) dated January 24, 2011, revealed the resident was at a high risk for development of pressure ulcers. Medical record review of the Weekly Wound Assessment dated February 4, 2011, revealed "...blisters to heels..." Medical record review of a Physician's telephone order dated February 7, 2011, revealed "...xenaderm (ointment) to bilateral heels BID (two times a day)...monitor blisters for worsening and report to MD (medical doctor)..." Interview with the Director of Nursing on April 27, 2011, at 11:30 a.m., in the facility conference room, confirmed the facility failed to notify the Physician of the blisters (Stage II) on the bilateral heels discovered on February 4, 2011, until February 7, 2011 (three days later).	F 157	the MD/NP. Licensed staff absent during in- service or newly hired licensed staff will be in- served prior to beginning employment or returning to work. Monitoring measures: The SDC/designee will report to the DON licensed staff that were re-educated on notification of MD/NP x 8 weeks. Any concerns identified will be addressed immediately and discussed in monthly QA.				
F 176	483.10(n) RESIDENT SELF-ADMINISTER	F 176	176 Resident self-administer drugs if deemed safe.	5-27-11 MDN			

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NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 25 SECOND STREET MONTEAGLE, TN 37358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 176 SS=D	<p>Continued From page 2 DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to assure one resident (#15) was assessed prior to self administration of a medication of twenty-seven residents reviewed.</p> <p>The findings included:</p> <p>Resident #15 was admitted to the facility on September 22, 2010, with diagnoses including Chronic Airway Obstruction, Psychotic Disorder, and Osteoporosis.</p> <p>Medical record review of Physician's recapitulation orders for April 2011, revealed "...Duoneb inhalation...1 (one) ampule q (every) 4 (four) hours..."</p> <p>Observation of resident #15 in the resident's room on April 26, 2011, at 9:32 a.m., revealed a nebulizer mask placed around the resident's mouth in the on position and no facility staff in the room.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 at the west hall nursing station on April 26, 2011, at 9:38 a.m., revealed LPN #1 placed the nebulizer mask, turned the nebulizer machine to</p>	F 176	<p>An individual resident may self-administer drugs if the interdisciplinary team has determined that this practice is safe.</p> <p>Residents affected: Resident #15 was immediately assessed for self-administration of duoneb medication related to nebulizer treatment. The licensed nurse was immediately educated on medication administration.</p> <p>Residents potentially affected: Residents of the facility have the potential to be affected by this cited practice. Licensed nurses educated on self-administration policy.</p> <p>Systemic measures: Residents requesting to self-administer medications will be assessed by the interdisciplinary team, MD notified and orders obtained. Residents who self-administer medications will be reviewed quarterly and PRN. Licensed nurses will be in-serviced by SDC/designee on self-administration of medication policy, and keeping residents who are receiving breathing treatments within line of sight.</p> <p>Monitoring Measures: DON/Designee will review residents who self-administer medications weekly in at risk meeting x 6 weeks then monthly thereafter. Any concerns related to self-administration of medication will be addressed immediately and staff re-educated and reported in monthly QA. DON/Designee will conduct random medication administration audits monthly x 3 then PRN.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143822		(2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____		(3) DATE SURVEY COMPLETED 05/05/2011	
NAME OF PROVIDER OR SUPPLIER 21003 EAST MONTEAGLE (TNB)				STREET ADDRESS, CITY, STATE, ZIP CODE 23 SECOND STREET MONTEAGLE, TN 37133			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F 173	Continued From page 3 the on position, placed the Duoneb inside the plastic cylinder, and attached the nebulizer mask, and then left the room. Interview with the west unit nurse supervisor at the west hall nursing station, on April 26, 2011, at 9:39 a.m., confirmed the resident had not been assessed for self administration of medications prior to self administration.	F 173					
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure	F 280	F 280 Right to participate planning care-revise CP The resident has the right unless adjudged incompetent or otherwise found to be incapacitated under the laws of the state, to participate in planning care and treatment or changes in care and treatment. Residents Affected: Resident #2 physician was notified and updated on plan of care by DON. Residents potentially affected: Residents of the facility have the potential to be affected by this cited practice. Physicians will be provided dates and times of care plan conferences to arrange participation with facility Systemic Measures: The MDS coordinator/designee will provide social services a list of resident names whose care plan meeting needs to be scheduled. Social Services/designee will provide the physicians a list of residents with care plan conferences monthly to include dates and times. Social services will notify the family or physician if the care plan conference is changed or rescheduled for any reason. Monitoring Changes: Social services/designee will discuss residents with care plan meetings scheduled weekly during clinical meeting. Any concerns identified at the clinical meeting will be immediately addressed and reported to the monthly QA x 3 months and PRN thereafter.			5-27-11 maw	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(C1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 443883		(C2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(C3) DATE SURVEY COMPLETED 05/27/2011	
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEVALLE (THE)				STREET ADDRESS, CITY, STATE, ZIP CODE 20 S SECOND STREET MONTESUMMIT, TN 37353			
(C4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(C5) COMPLETION DATE
F 280	<p>Continued From page 4</p> <p>physician participation in an interdisciplinary team care plan conference for one resident (#2) of twenty-seven residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on September 6, 2010, and re-admitted on November 19, 2010, with diagnoses including End Stage Renal Disease and Mental Retardation.</p> <p>Medical record review of the MDS (Minimum Data Set) dated March 18, and April 6, 2011, revealed the resident had impaired short and long term memory and moderately impaired cognition.</p> <p>Medical record review revealed the resident had a court appointed Conservator for all decision-making including healthcare.</p> <p>Medical record review of the Care Plan Conference Summary dated October 21, 2010, revealed "...Discussed (resident's) dialysis and that (resident's) quality of life has declined. Possible palliative care. Discussed how (resident's) behaviors have escalated due to dialysis. Came to agreement with conservator on d/c (discontinue) dialysis..." Further review of the signatures for the Attendees of Care Plan Conference revealed signatures of the Conservator, Social Worker, Activities Director, Rehabilitation Services Manager, DON (Director of Nursing), and CNA (Certified Nurse Aide).</p> <p>Medical record review of the physician's progress note dated November 3, 2010, revealed "...Pt (patient) shows agitation (and) noncompliance</p>			F 280			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445903		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2011	
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (TNB)				STREET ADDRESS, CITY, STATE, ZIP CODE 23 SECOND STREET MONTEAGLE, TN 37200			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
F 280	<p>Continued From page 5</p> <p>during HD (hemodialysis). Staff recommends d/c HD...Pt understands the risks of not having HD and declines it. Will d/c HD (and) put (resident) on comfort care..." Medical record review revealed no other documentation from the physician or nurse practitioner related to discussions of discontinuing dialysis or wishes related to dialysis with the resident or the Conservator.</p> <p>Medical record review of the physician's orders dated November 12, 2010, revealed "Send to (named hospital) per request of Conservator."</p> <p>Medical record review of the Social Services Progress Notes dated November 12, 2010, revealed "...Resident was discharged to (named hospital) this date. Resident was discharged from dialysis 11-3-10 per doctor's orders after we had care plan meeting with IDT (interdisciplinary team) team and resident's conservator. Dialysis clinic was opposed to this decision...conservator decided to continue dialysis immediately..."</p> <p>Observations and interviews with the resident on April 25, 2011, at 9:45 a.m., April 27, 2011, at 12:15 p.m., in the Activities/Dining Room, on April 26, 2011, at 8:30 a.m., in the resident's room, and April 27, 2011, at 10:50 a.m., in the hallway, revealed the resident could ambulate and eat independently and during all the interviews, the resident knew what days were dialysis days; liked to go to dialysis; liked the dialysis staff; and liked getting cookies, moon pies, and soft drinks when at dialysis.</p> <p>Interviews with the Social Services Assistant on April 27, 2011, at 9:20 a.m., and with the Social</p>	F 280					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(C1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 443993	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(C3) DATE SURVEY COMPLETED 05/06/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTAGALE (TNE)			STREET ADDRESS, CITY, STATE, ZIP CODE 83 SECOND STREET MONTAGALE, TN 37358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 280	<p>Continued From page 6</p> <p>Worker and the Director of Nursing on April 27, 2011, at 9:40 a.m., in the conference room, confirmed the facility staff held a care plan meeting on October 21, 2010, with the resident's Conservator to discuss discontinuing dialysis treatments because the resident "didn't want to go" and the staff felt the dialysis treatments were decreasing the resident's quality of life. Continued interviews confirmed the staff recommended discontinuing the dialysis treatments and the Conservator agreed. Continued interviews confirmed the Conservator was responsible for decision-making because the resident was not competent to make decisions. Continued interviews confirmed the care plan conference consisted of an interdisciplinary team of facility staff and there was no physician participation or representation during the care plan conference.</p> <p>Telephone interview with the resident's Conservator on April 27, 2011, at 11:55 a.m., confirmed the Conservator had attended the care plan conference on October 21, 2010, and the facility staff had presented recommendations to discontinue dialysis treatments. Continued interview confirmed the court system had appointed this Conservator approximately three years ago because the judicial system and physicians had determined the resident was not competent to make independent decisions. Continued interview confirmed the resident had not expressed to the Conservator a desire not to go to dialysis or not liking dialysis. Continued interview confirmed the Conservator obtained more information and decided the resident should continue with dialysis, which was restarted. Continued interview confirmed neither the</p>	F 280			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 23 SECOND STREET MONTEAGLE, TN 37353		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 280	Continued From page 7 physician nor the Nurse Practitioner was present during the care plan conference and the Conservator did not speak with the physician before making the decision to discontinue dialysis treatments.	F 280			
F 314 SS=G	<p>C/O #27107 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, National Pressure Advisory Panel (NPUAP) definitions, review of facility policy, observation, and interview, the facility failed to prevent a pressure ulcer from developing and failed to prevent a pressure ulcer from progressing, from Stage 2 to Unstageable, for one resident (#6) and failed to complete a thorough evaluation of a pressure sore to include staging of wounds for two resident's (#6, #11) of twenty-seven resident's reviewed. The failure to prevent a pressure ulcer from developing and the failure to complete a thorough evaluation of a pressure sore to include staging resulted in harm to resident #6.</p>	F 314	<p>F 314 Treatment/SVCS to prevent/Heal Pressure sores 5-27-11</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Residents affected: Resident #6 and #11 were assessed by the Certified Wound care nurse. Resident # 6 wound on left heel staged and measured. MD notified; no new orders. Resident # 11 had no skin integrity issues.</p> <p>Residents potentially affected: Residents of the facility have the potential to be affected by this cited practice. A skin assessment was completed on all residents per DON/ADON/Designee. Residents who are identified at high risk for developing pressure ulcers will be reviewed weekly during At-Risk meeting to evaluate nutritional status, necessary supplements, and additional measures necessary to relieve pressure points.</p> <p>Systemic measures: The SDC/designee to in-service licensed nurses on skin protocol. The DON/designee will review residents with new skin issues throughout the week in the clinical meeting and in the weekly at risk meeting to ensure wounds are classified and staged with preventative measures in place. DON/Designee will make rounds to observe that pressure relieving/preventative measures are in place. The</p>		

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NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGUE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 23 SECOND STREET MONTEAGUE, TN 37356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 314	<p>Continued From page 8</p> <p>The findings included:</p> <p>Resident #6 was admitted to the facility on January 11, 2011, with diagnoses including Arthritis, Dementia, and Alzheimer's Disease. Medical record review of the admission Nurse's note revealed "...Dependent for bed mobility, transfers, dressing, eating, toileting, & (and) bathing...Incontinent of B & B (bowel and bladder)..." Medical record review of the admission pressure ulcer assessment (Braden Scale) dated January 24, 2011, revealed the resident was at high risk for the development of pressure ulcers. Medical record review of the nursing admission skin evaluation dated January 24, 2011, revealed no documentation of the presence of pressure ulcers to the heels. Medical record review of the Interim Care Plan dated January 24, 2011, revealed interventions of "...skin assessment weekly...Incontinence care as needed...T & P (turn and position) or reposition q (every) 2 hrs (hours)...Treatment as ordered...Educate resident/family re: skin condition & care..."</p> <p>Medical record review of a lab report dated January 26, 2011, revealed "...Albumin 2.8 (3.4 - 4.5)." Medical record review of the Nutrition Interdisciplinary Care Plan dated January 28, 2011, revealed the sections for abnormal labs as blank and no interventions to increase protein for the low albumin lab.</p> <p>Medical record review of the Weekly Wound Assessment dated February 4, 2011, revealed "...blisters to heels..." Continued medical record review of the Weekly Wound Assessment and Physician orders revealed no documentation of</p>	F 314	<p>certified wound care nurse/designee will provide the DON/designee a weekly wound report with current measurements and interventions. Residents who are identified at high risk for developing pressure ulcers will be reviewed weekly during At-Risk meeting to evaluate nutritional status, necessary supplements and additional measures necessary to relieve pressure points.</p> <p>Monitoring measures: The DON/designee will review residents with pressure ulcers throughout the week to identify declines or concerns. Any concerns will be addressed immediately and reported to the monthly QA.</p>		

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NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37333		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 314	<p>Continued From page 9</p> <p>the presenting stages of the pressure ulcers or any new orders for treatment.</p> <p>Medical record review of a Physician's telephone order dated February 7, 2011, (three days later) revealed "...xenaderm (ointment) to bilateral heels BID (two times a day)...monitor blisters for worsening and report to MD (medical doctor)..."</p> <p>Medical record review of an interdisciplinary progress note dated February 11, 2011, revealed "...Blister to R (right) foot heel, and redness to L (left) heel will have wound care nurse assess..."</p> <p>Medical record review revealed no documentation of the presenting stages of the pressure ulcers or an assessment completed by the certified wound care nurse.</p> <p>Medical record review of the facility interdisciplinary progress notes dated February 24, 2011, revealed "...stage (1) blister to L (left) heel measures 3cm (centimeters) by 3cm...R (right) heel reddened..."</p> <p>Medical record review of the facility interdisciplinary progress notes dated March 3, 2011, revealed "...pt (patient) has wounds to bilateral heels...R heel now...red with blackened area in middle...refer back to wound care nurse for consult and recommendation..."</p> <p>Medical record review revealed no documentation of the presenting stage of the pressure ulcer or an assessment by the certified wound care nurse.</p> <p>Medical record review of an Interdisciplinary progress note dated March 10, 2011, revealed "...has wounds to bilateral heels...pt (patient) was put on air mattress."</p> <p>Medical record review revealed no documentation of the presenting stage of the pressure ulcers on</p>	F 314			

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NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 28 SECOND STREET MONTEAGLE, TN 37353		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 314	<p>Continued From page 10</p> <p>the bilateral heels. Medical record review of an interdisciplinary progress note dated March 17, 2011, revealed "...pt has bilateral wounds...that are healing slowly..." Medical record review revealed no staging of the pressure ulcer was present.</p> <p>Medical record review of a Physician progress note dated March 17, 2011, (forty-two days after the wounds were identified) revealed "...R heel 3 (cm) by 3 cm...L heel 4 cm by 6 cm...bilateral decubitus heel worsening may need debridement (removal of dead tissue)..." Continued medical record review of an interdisciplinary progress note dated March 25, 2011, revealed "...has improved since added air mattress...measurements 3 cm by 3 cm left heel...right heel 2.5 cm by 2.5 cm decrease necrotic tissue and pink granulation tissue..." Further medical record review of a Physician's progress note dated April 19, 2011, revealed "...bilateral heel decubitus healing..."</p> <p>Review of the current NPUAP Updated Staging System, dated 2007, revealed the following: "Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence...Stage 2: Partial loss of dermis (second layer of skin) presenting as a shallow open ulcer with a red pink wound bed...Further description: Presents as a shiny or dry shallow ulcer without...bruising...Intact or ruptured serum filled blister...Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown or black) in the wound bed...Stage 4: Full-thickness tissue loss with exposed bone, tissue, or muscle. Slough or eschar may be present on some parts of the</p>	F 314			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37330		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 314	<p>Continued From page 11 wound bed."</p> <p>Review of facility policy Pressure Ulcer Management revealed "...2. Measure the size (diameter or length and width), depth, necrotic and granular tissue, presence or absence of odor, drainage, and appearance of wound periphery/surrounding skin. document your findings...3. Reassess and measure at least weekly or sooner if deterioration of the ulcer is noted...4. Promptly inform the physician...of new pressure ulcers. Obtain and initiate treatment orders...6. Implement a preventative program to prevent additional new areas from developing..."</p> <p>Observation of the resident and interview with the West Hall Nursing Supervisor on April 25, 2011, at 2:00 p.m., in the resident's room revealed resident #6 was in bed with a low air loss mattress in place. Continued observation revealed the West Hall Nursing Supervisor described the right heel as healed and the left heel as a stage (2) pressure ulcer measuring 1.25 cm by 1.8 cm.</p> <p>Observation and interview on April 27, 2011, at 8:30 a.m., with the Director of Nursing (DON) and the Certified Treatment Nurse at the East Nurse's Station confirmed the Treatment Nurse was responsible for staging the wounds and there was no documentation to reflect the assessment and documentation of the size, color, drainage (if any), or presence of eschar of the pressure ulcer. Continued interview with the treatment nurse confirmed the wounds had presented as Stage (2) (blisters) wounds on initial assessment date not known and no documentation had been</p>	F 314			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 428303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (TNE)			STREET ADDRESS, CITY, STATE, ZIP CODE 268500, ID STREET MONTEAGLE, TN 37353		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 314	<p>Continued From page 12 completed.</p> <p>Observation and interview on April 27, 2011, at 8:40 a.m., with the treatment nurse, in the resident's room confirmed "the resident's left heel wound would be considered unstageable because one cannot determine the depth or extent of the wound..." and confirmed the pressure ulcer wound bed contained "eschar" (tan, brown, or black).</p> <p>Interview with the resident's Physician on April 26, 2011, at 3:48 p.m., by phone confirmed the resident's pressure ulcers were observed on March 17, 2011, and the Physician stated "the pressure ulcers looked as they would possibly need debridement (removal of dead tissue) at that time." Continued interview with the Physician confirmed that the heels had improved on April 19, 2011, by the next visit.</p> <p>Interview with the DON on April 27, 2011, at 11:30 a.m., in the facility conference room, confirmed the facility failed to prevent a pressure ulcer from developing, and failed to complete a thorough evaluation to include staging of pressure wounds.</p> <p>Medical record review revealed Resident #11 was admitted to the facility on August 2, 2007, with diagnoses including Cerebral Embolism, Hemiplegia, Atrial Fibrillation, and Congestive Heart Failure. Medical record review of a Daily Skilled Nurse's Note dated April 21, 2011, at 9:30 p.m. revealed "Open area 0.5 cm (centimeter) left buttock..." with no documentation of the stage</p>	F 314			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: #05303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 314	<p>Continued From page 13</p> <p>(staging system ranging from stage 1 to 4 designating depth and severity of pressure area) of the wound. Medical Record review of Resident #11's care plan, dated April 21, 2011, revealed "open area left buttock" with no documentation of the wound's stage. Medical Record review of Daily Skilled Nurse's Notes dated April 22, 23, and 24, 2011, revealed the resident had a pressure ulcer but there was no documentation of the presenting stage of the pressure area.</p> <p>Observation of Resident #11, on April 26, 2011, at 10:25 a.m. in the resident's room revealed no open areas or pressure areas present on the resident's buttocks.</p> <p>Interview with the West Supervisor, at the West Nurse's Station on April 26, 2011, at 9:00 a.m., revealed Resident #11's pressure ulcer had developed on April 21, 2011, and was healed on April 25, 2011. The West Supervisor confirmed the wound was not staged when assessed on April 21, 22, 23, and 24, 2011.</p> <p>Interview with the Director of Nursing (DON), in the conference room, on April 26, 2011, at 11:15 a.m., confirmed there was no documentation of Resident #11's pressure area being staged on April 21, 22, 23, or 24, 2011.</p>	F 314			